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,	ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS TANDARD CERTIFICATE OF RIGHT		
ĕ	•	FIGHT OF BIRTH	
9 		State and	
na	District or Township	or Village Divil	
라 	City		
and the number			
one child at a birth, a SPPARATE RETURN must be made for each, a order of birth stated.	2. Full name of Chud	The state of the s	
	3. Sex of Child To be answered ONLY 4. Twin, triplet or other in event of plural births. 5. No., in order of birth.	17. Date 21.11 7 - 0	
	8. FATHER Full name Et. Patterson	14. MOTHER Full maiden name Celeste Wellendon	
	9. Residence (Ususl place of abode) If non-resident, give place and state.	15 Residence (Usual place of abode) If non-resident, give place and state.	
	10. Color or race 11. Age at last birthday 3 / (Years)	16 Color or race W 17. Age at last birthday 2 S(Years)	
	12. Birthplace (city or place) (State or country)	18. Birthplace (city or place) (State or country)	
	13. Occupation Nature of Industry Muschaut	19. Occupation Nature of industry Horizonte	
	20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn.		
than	CERTIFICATE OF ATTENHING PHYSICIAN OR, MIDWIFE* I bereby certify that I attended the birth of this child, who was at 4. P. m. on the date above stated		
	1 hereby certify that I attended the birth of this child, who was (Born alive of stillborn.)		
se of more	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		
ð	Given name added from	Puyson (Physician or midwife).	
Shows other evidence of life after birth. Given name added from a supplemental report. Address Filed Oct 4, 1928 Frank Registrar		et 4, 1928 Frank & Pandall Registrar	
	575-914-545		

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